International Journal of Humanities and Social Science Research
ISSN: 2455-2070
Impact Factor: RJIF 5.22
www.socialsciencejournal.in
Volume 4; Issue 4; July 2018; Page No. 58-67

Effectiveness of some psychotherapeutic approaches in managing Dependent Personality Disorder (DPD) among secondary school students in Rivers state, Nigeria

Obioma-Onyenma OO[1], Ekeh PU[2]

[1] Department of Educational Psychology, Guidance and Counselling, University of Port Harcourt, Choba, Rivers State, Nigeria

[2] Professor, Department of Educational Psychology, Guidance and Counselling, University of Port Harcourt, Choba, Rivers State, Nigeria

Abstract
The study investigated on effects of selected Psychotherapeutic approaches in managing dependent personality disorder (DPD) among secondary school students in Rivers State. Five research questions and five hypotheses guided the study. The study adopted a quasi-experimental design involving pre-test and post-test. A sample size of 80 students was drawn from the population of 400 students using the simple random sampling as well as the non-proportionate sampling technique. The Dependent Personality Disorder Questionnaire (PDQ-IV-TR, DSM-IV) was used as instrument for data collection (Adapted from the work of Hyler 2002). Validity of the instrument was done by the supervisor and two experts in measurement and evaluation. Reliability was done via Cronbach Alpha and a reliability index of 0.94 was realized. Mean, standard deviation, t-test, analysis of Covariance (ANCOVA) and analysis of variance (ANOVA) were used for data analysis. Result showed among others that there is a significant difference in the management of DPD behaviour between the groups treated with psychodynamic therapy and those in the control group as determined by their post-test mean scores. Recommendations among others were that counselling psychologists should ensure that they use eclectic psychotherapeutic methods where necessary in order to achieve maximum effects since all the treatments method showed significant positive effects in reducing dependent personality disorder (DPD).

Keywords: psychotherapeutic, approaches, dependent, personality, disorder, students

Introduction

In Nigeria, it has been observed that dependent personality disorder has been a problem in our society among secondary school students, yet seen and taken as part of life. These students depend heavily on their parents, friends, colleagues, and others for decision-making. They often keep relationships for the purpose of passing their examination or academic assistance like doing their class assignments, copying their notes, most times they miss their classes and depend on their friends to write their test, or even when they attempt to write the class test or examination, they are seen copying from their friends whom they will always like to sit with or next to during examination. They indulge in all manner of examination malpractices during examinations.

Most times answers are gotten before the examination day proper (expo) which makes them vulnerable to extortion of money from people to enable them pave their way and sexual assaults especially for the girls. More still, these students are left with inability to defend their certificate, lack assertiveness, initiative and are always seen tensed and anxious when left alone to defend themselves or take decisions or become independent.

Dependency becomes a form of psychopathology when there is abnormal dependency which causes personal distress and/or functional impairment (Sperry, 2003) [18]. The concept of DPD was first viewed primarily as personality trait other than a mental disorder in its own right, and was mentioned first as a type of disorder in DSM-III which is considered to be a vulnerability factor that increases a person's risk for other types of mental disorder, particularly depression. But now, it is listed in the 3rd cluster of Axis II in DSM–IV -TR which is the anxious and the fearful personality disorder. These are those who lack self-reliance and are overly dependent on others. Hence, Personality Disorder (DPD) is a personality disorder (PD) which describes a person who relies heavily on a person or others for virtually all aspects of his life and possess little will power to live effectively in a social environment without the social system on which they rely totally on.

DPD affects both sexes and common in adolescence. According to a survey by the National Epidemiologic Survey on Alcohol and Related Conditions 0.49% of adults meet dependent personality diagnosis criteria, with 18-29-year-olds having the highest risk of the disorder. Slightly more women than men receive the diagnosis of DPD, with 0.6% compared to 0.4% of men (Grant, Hasin, & Stinson, 2004) [6]. One must take into consideration several factors for this difference because men may be less likely to report dependent behaviors. The survey by NESARC found no difference in the prevalence of DPD among different ethnic groups in the United States. However, lower income, less educated, widowed, divorced, separated, or never married individuals may be more at risk for developing DPD (Grant *et al*., 2004) [6].

According to Ainsworth, cited in Gluszik (2006), dependent

personality may form during infancy, having stemmed from maternal over-involvement and intrusiveness throughout all stages of development. Such parenting will reward the child for maintaining loyalty, and somewhat reject him or her when separation or independence is attempted. This would lead to crying or clingy behavior, while being immobilized by fear and dread of abandonment. The child may then internalize this working model of themselves and others, influencing the child's expectations concerning future interpersonal relationships.

The DPD are ineffective in adjusting to the demands placed on them by other individuals and their social environments, they cannot engage in a positive interpersonal relation with other people without heavily depending on them. They are seen not able to be the hero to some of their personal responsibilities; they cannot adapt to their society, but constitute problems to those around them. The DPD is maladjusted. For them to keep a positive interpersonal relationship, they have to recognize and respect the dignity and worth of all and sundry. Independence is an anathema to them hence the study of some psychotherapeutic approaches in managing DPD such as psychodynamic therapy, cognitive behavioral therapy (CBT) and group therapy are essential in this study. These therapeutic strategies are said to be plans that determine the best treatment options for a person's conditions and specific needs. They are joint effort designed by a client or person's entire team, and each plan are unique to the person, as every person has different needs and responds to treatment differently (Davison & Neale, 2003). Therefore, using some psychotherapeutic approaches (psychodynamic, cognitive behavioral therapy (CBT), and group Therapy) in managing these DPD can help a great deal.

Psychodynamic therapy is similar to psychoanalytic therapy in that it is an in-depth form of talk therapy based on the theories and principles of Sigmund Freud's psychoanalysis. Psychodynamic therapy is not only focused on the client-therapist relationship, but it is equally focused on the client's relationship with his or her external world. Often, psychodynamic therapy is shorter than psychoanalytic therapy with respect to the frequency and number of sessions. The theories and techniques that distinguish psychodynamic therapy from other types of therapy include a focus on recognizing, acknowledging, understanding, expressing, and overcoming negative and contradictory feelings and repressed emotions in order to improve the client's interpersonal experiences and relationships. This includes helping the client understand how repressed earlier emotions affect current decision-making, behavior, and relationships. Psychodynamic therapy also aims to help those who are aware and understand the origins of their social difficulties, but are not able to overcome their problems on their own.

Cognitive Behavioural therapy (CBT) combines cognitive and behavioral therapies aimed at ameliorating the types of problems that commonly characterize dependent individuals (e.g., behavioral activation, social skills training, problem-solving, goal setting, cognitive restructuring etc.), and has strong empirical support for treating mood and anxiety disorders (Chambless & Ollendick, 2001) [2]. For instance, CBT has received the most empirical support among the psychosocial therapies including the successful use in children between ages 5-9 years (Curry, 2001).

Introduction to Cognitive Behavioural Therapy (CBT), involves case conceptualization and treatment planning, as the hallmark. Case conceptualization aids in establishing rapport and a sense of hope for clients, and is vital for effective treatment and represents a defining characteristic of expert psychologists/therapist. It is a framework used to: Understand the client and his/her current problems, inform therapy and intervention techniques and a foundation to assess client change/progress. The cognitive behavioral therapy (CBT) treatment approach is rooted in behavioral as well as cognitive formulations. The primary goal of behavior therapy for DPD is to increase engagement in behaviors that either elicit positive reinforcement or avoid negative reinforcement from the environment. It helps the dependent client become aware of pessimistic and negative thoughts, dependent beliefs, and causal attributions in which the person blames him/herself for failures but does not take credit for successes. Once these dependent patterns are recognized, the client is taught how to substitute more constructive cognitions for these destructive ones.

Group therapy is a kind of psychological therapy that takes place with a group of people together rather than with an individual during a one-on-one session. In some respect group therapy and individual therapy are alike and the aims are usually similar. The proponents of this therapy who are Foulkes and Wilfred Bion independently pioneered group therapy in the UK by using the method as a tool of treating combat fatigue during the Second World War. Group sessions like individual ones are time-limited, semi-structured, and focused on interpersonal dynamics, providing more opportunities for clients to practice interpersonal skills in a safe, supportive environment. Group therapy often includes pre-treatment, mid-treatment, and post-treatment individual meetings to review goals, strategies, and progress. Group therapy has a higher attrition than individual therapy, and may be less problematic for clients with DPD. Group psychotherapy has also been demonstrated to be successful in treating DPD (Sperry, 2003) [18]. Seeking support from others can be invaluable when one is having emotional difficulties and is important to find an approach that works.

Though most of the researches on Dependent Personality Disorder were carried out in America, Britain and other western countries however, only few studies have evaluated the effectiveness of psychotherapeutic approaches in managing dependent personality disorder, especially in Nigeria; hence the researchers intend to fill this existing gap. Therefore, the problem of this study which has been stated in question form is what are the effects of selected psychotherapeutic approaches (Psychodynamic therapy, Cognitive Behavioural therapy and Group therapy) in managing DPD among secondary school students in Rivers State, Nigeria?

Empirical review of studies

Ferrero, Pierò, Fassina, Massola, Lanteri, Daga, (2007) [4], carried out a study on "A 12-month comparison of brief psychodynamic psychotherapy and pharmacotherapy treatment in subjects with Generalised Anxiety Disorders in a community setting with duration of10 weekly sessions, plus

sessions at 3months and 1year, 45min each on 87 (76 at follow up) participants with Patient with GAD in Australia. HAM-A, HAM-D, CGI, SOFAS were used for data analyzes. The effect of the therapy revealed Anxiety: ↓ (*d* = 1.58). Depression: ↓ (*d* = 1.26). Global impression: ↓ (*d* = 1.73). Social and occupational functioning: ↑ (*d* = 0.99). 12 months' follow-up change between post treatment and follow up indicated 6-12mths - Anxiety: ↑ (*d* = 0.02). Depression: ↓ (*d* =. 02). Global impression: ↓ (*d* = 0.05). Social and occupational functioning: ↑ (*d* = 0.03).

Slonim, Shefler, Gvirsman and Tishby (2011) [16] carried out a study on Changes in rigidity and symptoms among adolescents in psychodynamic psychotherapy (based on object relations, self-psychology, and relational theories) to carry out a duration of Weekly 45-50min sessions for 12 months Participants were(1) 30 (2) 42 (1) Adolescents (aged 15-18) in treatment, mostly (88%) with Symptoms of emotional distress (2) Adolescents (aged 15-18) in the community, there was no comparison condition. Youth-Outcome Questionnaire **(**Y-OQ**)** and Target Complaints Scale, (TCS) are used for data analysis. Comparison effect of size post treatment revealed**:** Psychosocial distress: larger difference between conditions at pre-treatment (*d* = 1.54) than post- treatment (*d* = 1.14). Target complaints: minimal difference between conditions at pre-treatment (*d* = 0.63) than post-treatment (*d* = 0.67). The findings of meta-analyses and systematic reviews with meta analyses on the effectiveness of psychodynamic psychotherapy.

Abbass, Town, and Driessen, (2012) [1], carried out an Intensive short-term dynamic psychotherapy: A systematic review and meta-analysis of outcome research with 6 RCTs, 4 nonrandomized, controlled trials, and 11 studies with no control groups in Australia.664 participants met the analysis of People with mood, anxiety, personality, and somatic disorders. Pre-post – effective for general psychopathology (d = -1.16, 95% CI: -0.82, -1.50), interpersonal functioning (d = 0.84, 95% CI: 0.50, 1.18), depression (d = -1.51, 95% CI: -1.16, -1.87), anxiety (d = -0.98, 95% CI: 0.47, 1.49). Post-follow up –no change for general psychopathology (d = 0.01, 95% CI: -0.51, 0.53), interpersonal functioning (d = 0.12, 95% CI = -0.27, 0.51). ISTDP is found to be superior to control conditions (active controls, n = 3; waiting list controls, n = 2) post-treatment - general psychopathology (d = 1.18, 95% CI: 0.61, 1.75).

Leichsenring and Rabung, (2008), carried out a study titled "Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis". They used a Long-term psychodynamic psychotherapy (LTPP) for a period of 1 year or 50 sessions on 11 RCTs, 12 observational studies on adults with various mental disorders. A total of 1,053 (intervention) and 257 (comparison conditions) Findings made by them were :Pre-post – effective across various mental disorders (d = 1.03, 95% CI: 0.84, 1.22) and, specifically, with target problems (d = -1.98, 95% CI: -1.37, -2.59), psychiatric symptoms (d = -0.91, 95% CI: -0.72, 1.11), personality functioning (d = 0.78, 95% CI: 0.30, 1.26), and social functioning (d = 0.81, 95% CI: 0.60, 1.03) LTPP superior to other psychotherapy methods for overall effectiveness (d = 0.96 vs 0.47), target problems (d = -1.16 vs -0.61), and personality functioning (d = 0.90 vs 0.19)

Leichsenring and Leibing (2007) used Psychodynamic psychotherapy (PP) and 23 RCTs on People with various mental disorders. Short-term PP (STPP) was effective for major depressive disorder, minor depressive disorder, borderline personality disorder, bulimia nervosa, anorexia nervosa, somatoform disorders, post-traumatic stress disorder, alcohol dependence, and opiate dependence while Long-term PP (LTPP) was effective for social phobia, bulimia nervosa, anorexia nervosa, borderline personality disorder, Cluster C personality disorders, somatoform pain disorder, and opiate dependence. PP was superior to treatment-as-usual or waiting list in the treatment of specific psychiatric disorders. Psychodynamic therapy was as effective as other therapies (e.g., CBT) in the treatment of specific psychiatric disorders.

Gregory, Chlebowski, Kang, Remen, Soderberg and Stepkovitch (2008) [7], used Dynamic deconstructive psychotherapy on 30 Individuals with Borderline Personality Disorder (BPD) and alcohol use disorder, Weekly sessions for 12 to 18months. Addiction Severity Index (ASI), Lifetime Para suicide Count (LPC) and Treatment History Interview (THI) were the methods used for data analysis. Results from baseline to 12mths showed: individuals with Para suicide (73% to 30%), alcohol misuse (67% to 30%), and institutional care (67% to 10%).

Knekt, Lindfors, Laaksonen, Raitsasalo, Haaramo, and Varvikoski (2010) used LTPP or STPP, LTPP: 2-3 sessions per week for up to 3 years. STPP: 20 weekly sessions over 5-6mths on 326 Outpatients with depressive or anxiety disorder, Work Ability Index (WAI), Perceived Psychological Functioning Scale, Beck Depression Inventory (BDI), Symptom Checklist-90 (Anx) (SCL-90), alcohol consumption, smoking, body mass index (BMI) and leisure time exercise were used to measure data. Findings noted are: STPP (baseline – 7months) – Work ability: ↑ (d = 5.78). Psychological functioning: ↑ (d = 7.60). Depression: ↓ (d = 9.13). Anxiety: ↓ (d = 5.34). Alcohol consumption: ↓ (d = 2.03, p <.05). Smoking: ↑ (19.4% to 21.3%, p = ns). BMI: ↑ (d = 0.49, p <.05). Leisure time exercise: ↑ (36.7% to 42.7%, p = ns). LTPP (baseline - 7mths) – Work ability: ↑ (d = 4.42). Psychological functioning: ↑ (d = 5.08). Depression: ↓ (d = 6.06). Anxiety: ↓ (d = 2.77). Alcohol consumption: ↓ (d = 0.94, p = ns). Smoking: ↓ (23.3% to 21.0%, p = ns). BMI: ↑ (d = 0.54, p <.05). Leisure time exercise: ↓ (46.4% to 36.3%, p <.05). Follow-up showed STPP: 29mths. LTPP: potentiall0mths on 326 STPP (7mths-36mths) – Work ability: ↓ (d = 0.41). Psychological functioning: ↓ (d = 0.67). Depression: unchanged (d = 0.00). Anxiety: ↓ (d = 0.53). Alcohol consumption: ↑(d =.07). Smoking: ↑ (21.3% to 22.3%). BMI: ↑ (d = 0.68). Leisure time exercise: ↓ (42.7% to 28.9%). LTPP (baseline - 7mths) – Work ability: ↑ (d = 5.22). Psychological functioning: ↑ (d = 6.98). Depression: ↑ (d = 8.54). Anxiety: ↓ (d = 6.62). Alcohol consumption: ↓ (d = 0.06). Smoking: ↑ (21.0% to 22.4%, p = ns). BMI: ↑ (d = 1.00). Leisure time exercise: ↑ (36.3% to 40.8%).

Sørensen, Birket-Smith, Wattar, Buemann and Salkovskis (2011) [7] in their study on a randomized clinical trial of cognitive behavioural therapy versus short-term psychodynamic psychotherapy versus no intervention for patients with hypochondriasis used STPP on 16 weekly sessions, 50mins each on 80 Patients with hypochondriasis, Health Anxiety Inventory (HAI) and Hamilton Anxiety Rating

Scale(HAM-A) were used to analyze data, Health anxiety: ↓ (d = 1.15). Anxiety: ↓ (d = 0.13). 12 months later, 72 participants were followed-up, Health anxiety: ↓ (d = 0.13). Anxiety: ↓ (d = 0.38).

Thyme, Sundin, Stahlberg, Lindstrom, Eklof and Wiberg (2007) [19] carried out a study on "The outcome of short-term psychodynamic art therapy compared to short-term psychodynamic verbal therapy for depressed womenusing10 sessions, 60mins each on 37 Women with dysthymic disorder". Beck Depression Inventory (BDI), Symptom Checklist-90(SCL-90), Impact Event Scale (IES) and Hamilton Depression Rating Scale (HAM-D) were used for data analysis, findings made were Depression: ↓ (BDI: d = 1.05; SCL-90: d = 0.84). Global severity of symptoms: ↓ (d = 0.67). Intrusion: ↓ (d = 0.32). Avoidance: ↓ (d = 1.01). 3months follow-up on39 participants were made, Outcome are: Depression: ↓ (BDI: d = 0.18; SCL-90: d = 0.06). Global severity of symptoms: ↓ (d = 0.18). Intrusion: ↓ (d = 0.15). Avoidance: ↑ (d = 0.03).

Van, Schoevers, Kool, Hendriksen, Peen and Dekker (2008) [22] in their study on "Does early response predict outcome in psychotherapy and combined therapy for major depression used SPSP of 16 sessions over 6 months on 190 Patients with mild to moderate depression. Hamilton Depression Rating Scale (HAM-D) was used for data analysis. Findings revealed that 33% of patients achieved remission. A study carried out by Vinnars, Thormählen, Gallop, Norén, and Barber (2009), on "Do personality problems improve during psychodynamic supportive-expressive psychotherapy? Secondary outcome results from a randomized controlled trial for psychiatric outpatients with personality disorders. Psychotherapy: used SEP of 40 sessions over 1 year on 156 patients with PD, Karolinska Psychodynamic Profile(KAPP), Karolinska Scale of Personality (KSP),Psychological Mindedness Scale(PMS) were used as method of data analysis, effect of therapy revealed Psychological mindedness: ↑ (d =.06). Interpersonal problems: ↓ (d = 0.21). Neuroticism: ↓ (d = 0.34). Agreeableness: ↓ (d = 0.25). Impulsiveness: ↑ (d =.02). 1year later, 89 participants were followed-up, no significant differences for psychological mindedness, interpersonal problems, neuroticism, agreeableness, or impulsiveness was found.

Gregory, Chlebowski, Kang, Remen, Soderberg and Stepkovitch (2008) [7] in their study on "A controlled trial of psychodynamic psychotherapy for co-occurring borderline personality disorder and alcohol use disorder, used psychodynamic deconstructive psychotherapy as an intervention method on 30 participants with BPD and alcohol use disorder on a duration of weekly sessions for 12 to 18months, SI, LPC, THI was used to analyze data outcome showed no significant differences between conditions for any of the measures. In a study carried out by Hyphantis, Guthrie, Tomenson, and Creed (2009) [9] on "Psychodynamic interpersonal therapy and improvement in interpersonal difficulties in people with severe irritable bowel syndrome, using a one long (≈2hrs) and 7 shorter (45 min) individual sessions over 3 months on Psychodynamic interpersonal therapy on 257 participants with irritable bowel syndrome IIP, SF-36 (PCS), SCL-90 (GSI), VAS (pain today) was used to analyze data compared with Daily SSRI antidepressants for 3 months' effect of Post Treatment revealed Visual inspection of graphs - psychotherapy ≈ antidepressants. Follow-up of 12 months of same 257 participants revealed Visual inspection of graphs - psychotherapy ≈ antidepressants.

Trowell, Joffe, Campbell, Clemente, Almqvist and Soininen (2007) [21] in their study on "Childhood depression: A place for psychotherapy: An outcome study comparing individual psychodynamic psychotherapy and family therapy. A duration of16-30 sessions over 9 months 50 minutes each on 72 participants 9-15 year olds with major depressive disorder and/or dysthymia. Kiddie-SADS were used for data analyses compared with family therapy. Post-treatment effect revealed PP ≈ family therapy (p = ns). 6months follow-up of 68 participants showed PP= family therapy (p=ns).

Van, Schoevers, Kool, Hendriksen, Peen and Dekker (2008) [22] carried out a study titled "Does early response predict outcome in psychotherapy and combined therapy for major depression used SPSP to carry out 16 sessions over 6months on 190 Participants with mild to moderate depression. HAM-D was used to analyze data Compared with SPSP with antidepressants. Comparison on the effect of post-treatment revealed PSP ≈ SPSP with antidepressants (φ =.12, p =.11).

In a work carried out by Vinnars, Thormählen, Gallop, Norén, and Barber (2009) titled "Do personality problems improve during psychodynamic supportive-expressive psychotherapy?" Secondary outcome results from a randomized controlled trial for psychiatric outpatients with personality disorders. This was done with SEP on40 sessions over 1 year on 156 participants with personality disorder. KAPP, KSP, PMS was used for analysis compared with treatment as usual (CDPT). Comparison on the effect of post-treatment showed SEP ≈ Control on all measures (p = ns). 1year follow-up on 89 participants was quality of object relations and ego functions: SEP = Control (p = ns). Psychological mindedness: SEP = Control (p = ns). Neuroticism: SEP improved more than Control (p <.05). Agreeableness: SEP = Control (p = ns). Impulsiveness: SEP = Control (p = ns).

Clarke *et al* (2002) recently conducted an effectiveness trial contrasting the addition of CWD-A relative to treatment as usual in an HMO setting. Eligible adolescents (ages 13 to 18) who met DSM-III-R criteria for MDD or dysthymia were randomly assigned to either usual HMO care (n = 47) or usual care plus the CWD-A course (n = 41). Participants were assessed up to 24months post-treatment. Using intent-to-treat analyses, the authors were unable to detect any significant advantage of the CBT program over usual care, either for depression diagnoses, continuous depression measures, or functioning outcomes. That is to say, group CBT did not appear to incrementally benefit depressed adolescents who were already receiving the standard care provided in the HMO setting.

In a study carried out by Samad, Brealey and Gilbody (2011) [15] on "The effectiveness of behavioural therapy vs other psychotherapies for the treatment of depression in older adults: A meta-analysis on 4 RCTs on 256 participants (total), 34 received PP with older adults (55+) with depression in Australia. Finding made were: PP equivalent to behaviour therapy (SMD = 0.37, 95% CI: 0.84, -0.11). Muran, Lohr and Buchel (1996) [12] and colleagues examined treatment outcomes among outpatients with Cluster C PDs or a

diagnosis of PDNOS. The majority of the patients (66%) were diagnosed with PDNOS, 19% met diagnostic criteria for multiple PDs, and 87% had comorbid Axis I psychopathology. Patients were randomly assigned to receive 30 weekly sessions of brief relational therapy (BRT), short-term dynamic therapy (BDT) or traditional CBT (i.e., cognitive restructuring, self-monitoring, and behavioural experiments). All three treatments produced improvements in symptoms and functioning from pre-treatment to post-treatment. Generally, the treatments yielded equivalent improvements in global functioning, depressive and PD symptoms, however, CBT was associated with significantly greater reductions in interpersonal problems, and BRT was associated with significantly better treatment retention. Findings provide evidence that symptoms and dysfunction related to complex personality pathology can be reduced by several treatment approaches, including CBT.

Reich (1990) [13] carried out a study to determine whether DSM-111 dependent personality disorder differed in males and females. A sample of 30 females and 11 males were drawn using structured clinical interview for DSM-111, personality diagnostic questionnaire was the instrument employed to determine patients with DPD from the population of study. Standardized measures of axis I, II and the family history were used. The study revealed that there was no significant difference in age or in score axis 1 or axis II disorders in males and females with dependent PD. Also, relatives of males had an increased incidence of major depression and DSM-III anxious personality disorder cluster, while relatives of females have an increased incidence of panic disorder. This study concluded that there may be different predisposing factors to dependent Personality disorder in males and females.

Gude, Hoffart, Hedley and Ro (2004) [8], evaluated the dimensionality of dependent personality disorder. The criteria for dependent personality disorder falls into two categories dependent and attachment behaviors which were evaluated in a sample of 182 patients admitted to a national Norwegian psychiatric hospital. Principal components analysis of all items belonging to the most frequent personality diagnoses revealed six components. The items for DPD employed by the study formed two components labeled attachment/abandonment and dependency/incompetence. Two criteria for borderline personality disorder were loaded on the attachment /abandonment components while six criteria for avoidant personality disorder loaded on the dependency/ incompetence component. The study revealed that maladaptive schemas of abandonment and failure correlated significantly higher than the attachment/abandonment component than with dependency/incompetence component.

Springer, Safran, Samstag and Winston (2005) [12] conducted a small-scale RCT on an in- patient psychiatric unit, three Randomised Controlled Trials (RCTs) have used samples composed of patients with different PDs, co-occurring PDs, or a diagnosis of PD not otherwise specified (PDNOS). Of 31 patients, 6% received a diagnosis of PDNOS. Of the remaining patients, 65% had a primary diagnosis of a Cluster C Personality Disorder (DPD), and 44% had a primary diagnosis of Borderline Personality Disorder (BPD), although co-occurring PDs were common. Patients were randomized to receive either 10 daily sessions of supportive group treatment (n = 15) or DBT skills (n=16). The DBT group consisted of emotion regulation skills, interpersonal effectiveness training, and distress tolerance. The control condition was a "lifestyle and wellness" discussion group that was not intended to be therapeutic. Patients were assessed at baseline and at discharge. Both treatment groups improved over the course of treatment, and there were no group differences on measures of hopelessness, depression, suicidal ideation, anger, or coping-skill knowledge.

Research methodology

The study adopted a quasi-experimental design involving the pre-test and post-test design. Quasi-experimental design is a form of experimental research used extensively in the social sciences and psychology. The population of the study was 80 DPD students out of 400 senior secondary school students in the randomly selected school in Port Harcourt metropolis (PHALGA) of Rivers State during the 2017/2018 academic session.

The researchers used multi-stage and purposive sampling technique to draw a sample of 80 SSII students with DPD out of 400 students in the randomly selected mixed sex schools (male and female) in Port Harcourt Metropolis (PHALGA) for the study after field work and administration of instrument to get a baseline. The researchers used one instrument for this study, which is the Dependent Personality Disorder Questionnaire PDQ-IV-TR (DSM-IV) adapted from Hyler (2002, & 2006). The face and content validities instrument were established for clarity, to eschew ambiguity. Reliability of the instrument was ascertained through the Cronbach alpha technique. Mean and standard deviation were used to answer the research questions while the t-test, ANOVA and ANCOVA were used to test, the hypotheses.

Three treatment groups and one control group were used to carry out this study**.** These clients were randomly assigned to their various groups, and twice weekly sessions were given to each group**.** Each group received different psychotherapeutic treatment which was compared with the control group that did not receive any treatment. Group 'A' was given psychodynamic Therapy, Group 'B' received Cognitive Behavioral Therapy (CBT), Group C received Group Therapy and Group 'D' was the control group. At the end of the sessions, comparison was made with the control group and findings noted. See Table below.

Grouping of the Study

Table 1

Grouping	Treatment	Sample Size
Group A	Psychodynamic Therapy	20
Group B	Cognitive Behavioral Therapy (CBT)	20
Group C	Group Therapy	20
Group D	Control Group	20

Results and Discussion

Research question one: what is the difference in the management of DPD of the groups treated with psychodynamic therapy and control group as determined by

their post-test mean scores?

Hypothesis One: There is no significant difference in the management of DPD of the groups treated with psychodynamic therapy and control group as determined by their post -test mean scores.

Table 2: Mean, standard deviation and t-test analysis of effect of psychodynamic therapy on management of DPD as compared with the control group

Groups	N	Mean	Std	df	t-crt	∝	t-cal	Sig.	Result
Psychodynamic group	20	57.50	2.64	38	1.960	0.05	-13.27	0.000	Significant Reject Ho
Control group	20	100.05	14.08						

From table 2, mean for psychodynamic group was 57.50 while that in the control group was 100.05, their standard deviation values were 2.64 and 14.08 respectively.From the mean values, it is seen that those in the treatment group had less mean score than those in the control group. From these, the research question of the difference could be said to be 42.55. The mean scores also indicate that the treatment had a positive effect on the participant because it was able to reduce their mean scores in the DPD level. The t-test also reveals a sig-value of 0.000. Hence, since sig- ($p = 0.000<0.05$) is less than 0.05 alpha at 38 degrees of freedom, the null hypothesis is rejected meaning that truly there is a significant difference in the management of DPD behaviour between the groups treated with psychodynamic therapy and those in the control group as determined by their post-test mean scores.

Research Question Two: What is the difference in the management of DPD of the groups treated with CBT and control group as determined by their post-test mean scores.

Hypothesis Two: There is no significant difference in the management of DPD of the groups treated with CBT and control group as determined by their post-test mean scores.

Table 3: Mean and standard deviation and t-test analysis of effect of the CBT on management of DPD as compared with the control group

Groups	N	Mean	Std	df	t-crt	∝	t-cal	Sig.	Result
CBT	20	56.90	2.33	38	1.960	0.05	-13.51	0.000	Significant Reject Ho
Control	20	100.05	14.08						

Table 3 shows that mean and standard deviation for participants in the CBT group are 56.90 and 2.33 respectively while the control group remains 100.05 and 14.08 respectively. From this mean value, it is seen that those in the CBT group had less mean score. This value also shows that the mean difference between this treatment group and the control group is 43.15 which represent about 46.13% difference. The t-test also reveals that calculated t = -13.51 against 1.960 critical. On the other hand, sig – value = 0.000. Therefore, since sig – value ($p = 0.000 < 0.05$) is less than 0.05 alpha at 38 degrees of freedom, the null hypothesis is rejected meaning that there is actually a significant difference in the management of DPD between the participant treated with CBT and those of the control group as determined by their post-test mean score.

Research Question Three: What is the difference in the management of DPD of the groups treated with group therapy and control group as determined by their post- test mean scores?

Hypothesis Three: There is no significant difference in the management of DPD of the groups treated with group therapy and control group as determined by their post-test mean scores.

Table 4: Mean, standard deviation and t-test of the effect of GT on management of DPD as compared with the control group

Groups	N	Mean	Std	df	t-crt	∝	t-cal	Sig.	Result
Group Therapy	20	52.95	10.18	38	1.960	0.05	-12.119	0.000	Significant Reject Ho
Control group	20	100.05	14.08						

Table 4 reveals that mean and standard deviation for the group therapy is 52.95 and 10.18 respectively. The control group mean remains 100.05 and 14.08 respectively. From here, it could be seen that the difference between the mean scores of the treatment and control group is 47.1, which is about 47.08% difference. The t-test also revealed calculated t= -12.119 against a critical of 1.960. A sig-value of 0.000 was also realized. Hence, since sig value ($p = 0.000 < 0.05$) is less than 0.05 alpha level and 38 degrees of freedom, the null hypothesis was rejected and the alternate retained meaning that there is actually a significant difference in the management of DPD between the participant treated with group therapy and those of the control group as determined by their post- test mean scores.

Research Question Four: What is the difference in the management of DPD of the groups treated with psychodynamic therapy, CBT and control group as determined by their post-test mean scores?

Hypothesis Four: There is no significant difference in the management of DPD of the group treated with psychodynamic therapy, CBT and control group as determined by their post-test mean scores.

Table 5: Mean, standard deviation and one- way ANOVA of difference in effect of PT, CBT and control group as shown by their post -test mean scores

Group	N	$\bar{x}$	Std. D
Psychodynamic group	20	57.50	2.64
CBT group	20	56.90	2.33
Control group	20	100.05	14.08

ANOVA

Table 6

Source	Sum of sq.	df	Mean sq	F	∝	Sig.	Result
Between Group	24485.233	2	12242.617 70.311	174.00	0.05	0.000	Significant Reject Ho
Within group	4007.750	57					
Total	28492.983	59					

Table 4 shows those in PT had mean and standard deviation of 57.50; 2.64 while that of CBT and control group were 56.90; 2.33 and 100.05; 14.08 respectively. The mean here reveals that those in CBT recorded lower mean difference of 56.90 while those in the psychodynamic recorded equally lower mean difference of 57.50 from those in the control group of 100.05.

The test of hypothesis reveals calculated F of 174.00 while sig- value was 0.000. Hence, since sig. ($p = 0.000<0.05$) is less than 0.05, the null hypothesis is rejected. This means that there is a significant difference in the management of DPD between the group tested with PT and CBT and well as those in the control group.

Table 7: Scheffe Pair wise comparison of psychodynamic, CBT and control groups

Group	Mean diff.	Std D	Sig.	Result
PT & CBT group	0.600	2.65	0.975	Insignificant
PT and control group	-42.550	2.652	0.000	Significant
Control & CBT group	43.150	2.652	0.000	Significant

Furthermore, the Scheffe post Hoc comparison as revealed by table 5 showed that both comparison between PT and control group as well as control group and CBT had significant difference. On the other hand, comparison between PT and CBT group had no significant difference in their mean.

Research Question Five: What is the difference in the management of DPD of the groups treated with psychodynamic therapy, group therapy and control group as determined by their post-test scores?

Hypothesis Five: There is no significant difference in the management of DPD of the groups treated with psychodynamic therapy, group therapy and control group as determined by their post-test mean scores.

Table 8: Mean, standard deviation and one-way ANOVA of difference in effect of psychodynamic group, group therapy and control group as shown by their post-test mean scores

Group	N	$\bar{x}$	Std. D
Psychodynamic	20	57.50	2.64
Group Therapy	20	53.10	9.92
Control group	20	100.05	14.08

ANOVA

Table 9

Source	Sum of sq.	df	Mean sq	F	∝	Sig.	Result
Between Group	26894.433	2	13447.217 101.294	132.755	0.05	0.000	Significant Reject Ho
Within group	5773.750	57					
Total	32668.183	59					

Table 6 shows mean and standard deviation for those in psycho-analytic group to be 57.50; 2.64, those in group therapy group is 53.10; 9.92 while those in control group is 100.05; 14.08. The mean here shows that the group therapy group showed much difference in the mean compared to the control group followed by those in the psychodynamic group.

To test the hypothesis, calculated F was revealed to be 132.755 while sig-value was 0.000. hence, since sig. ($p = 0.000 < 0.05$) is less than 0.05 alpha, the null hypothesis was rejected meaning that there is actually a significant difference in the management of DPD between PT, GT as well as the control group.

Table 9: Scheffe Pairwise comparison of PT, GT and Control groups

Group	Mean diff.	Std Error	Sig.	Result
PT & GT	4.400	3.183	0.391	Insignificant
PT & ontrol	-42.550	3.183	0.000	Significant
GT & ontrol	46.950	3.183	0.000	Significant

A Scheffe multiple pairwise comparison also showed that only PT and GT group, and control and group therapy group had significant difference in their mean scores. On the other hand, PT and GT had no significant mean difference.

Discussion of findings

Findings one revealed that there is a significant positive effect of psychodynamic therapy on dependent personality disorder among students as compared with the control group. The findings as revealed here means that students who were treated using psychodynamic technique showed significant reduction in their dependent rate than those in the control group. We should remember here that those that were in the control group were those who did not receive any treatment before the post test. From the mean scores, it was seen that those in the psychodynamic therapy group had a reduced mean score compared to those in the control group. This means that the treatment was able to reduce or manage their dependency level more significantly than those in the

treatment group. The reason for this result is no far-fetched; this is attributed to the effect of the treatment. It means that the subjects were able to analyze their thought. It gave them the opportunity to talk freely, redirect their feelings, be able to interpret their thought etc. Hence, why this difference is attributed to this knowledge which subjects in the treatment group were exposed to at the detriment of those in the control group? These findings are also expected to the researcher because psychodynamic technique is a long establish therapy technique that has proven efficient in management of behaviour disorder among adolescents. Hence, the show of indifference in the result obtain here has little or no surprise to the researcher. Based on the findings of Springer, Safran, Samstage and Winston (2005) [12] the present study is in line with that earlier reported by them when they noted that psychodynamic therapy (PT) has a significant effect in behaviour adjustment of adolescents.

Research findings two revealed that cognitive behavioural therapy (CBT) has a significant positive effect on management of dependent personality disorder (DPD) among students as compared with the control group. These findings mean that cognitive behavioural therapy is effective in the management of dependent personality disorder. The findings give courage to therapist as well as psychologist for the continuous utilization of the behaviour therapy technique in treating of behaviour problems. The findings showed that the students who were treated using the cognitive behaviour therapy adjusted more to dependency than those that were in the control group. The findings of the study are not also surprising at all to the researcher because various researcher because cognitive behavioural therapy have over the years been proven to be very effective in managing behaviour problems. The present findings were first buttressed in the works of Van Straten, *et, al*. (2010). They noted that CBT was found to be more effective than the control groups. Another study carried out by Gibbon *et al* (2010) also reported that CBT was more efficacious in terms of leaving the study early depending on their maladaptive behaviours like cocaine use.

From research findings three, it was revealed that group therapy has a significant positive effect on the management of dependent personality disorder among students as compared with the mean scores of those in the control group. These findings also mean that the use of group therapy in reducing dependents disorder worked on the students. By comparing the treatment and the control group, the dependent disorder mean scores of the subject in the group therapy was relatively lower indicating that students can be treated in a group session. These findings go a long way to refute the core principles of privacy and confidentiality. This means that through sharing of thoughts, the students listening to each other as they narrate their problem and collectively listening to the therapist, they can as well adjust better and develop their life into something that is meaningful. The findings as revealed here is not also surprising to the researcher because she is quite aware that the use of group therapy or counselling has proven to be effective in homogenous problems of adolescents. Right from the onset of counselling, psychologist, therapist and counsellors have identified group counselling as particularly effective in managing like- problems of adolescents. On this regard, the technique has once again proven to be effective in the reduction of dependent personality disorder in which adolescent showed less dependency after the treatment. The findings as reported here is in line with the findings reported by Duru (2012) [3] when he stated that students who were treated using the group counselling technique showed less behavioural problems similar to those who used the individual counselling approach.

Findings revealed from result four shows that there is a significant positive difference in the effect of psychodynamic and cognitive behaviour therapy on the management of dependent personality disorder among senior secondary school students in Rivers State as compared with the control group. This finding means that irrespective of the fact that subjects in the two groups were supposed to have a higher mean score, there is still a positive effect as their mean score were relatively lower in their dependent disorder personality. While the mean of the control group remained at 100.05, that of the treatment groups varied in the mean score. These findings also point to therapist and counsellors that they can combine both the psychodynamic and the cognitive behaviour therapy in tackling behaviour problems of adolescents. These findings may come because of the efficacy of psychodynamic therapy and that of cognitive behaviour over the years in tackling behaviour problems of individuals. It may also come because most of the student treated in both groups showed compliance during the treatment process which has necessitated such a positive result. These findings are not also surprising to the researcher because psychodynamic therapy techniques as well as cognitive behaviour therapy have been effective over the years in managing behaviour problems of adolescents. Hence, a possible of these therapy techniques to the best of the researcher knowledge is expected to yield a positive result. The findings here are in line with the findings of Tolin (2010) [20] who reported that psychodynamic therapy and cognitive behaviour therapy has significant positive effect on management of personality disorders among adolescents. Furthermore, the findings of Leichsenring and Leibing (2003) quoted earlier went further to support the present findings.

From research findings five, it is revealed that there is a significant positive difference in the effect of psychodynamic and group therapy on the management of dependent personality disorder among students in Rivers State as compared with those in the control group. The findings here mean or show that the effects of the two treatment group are positive. It means that students who are treated using both treatment procedure can adjust better. The result is also not surprising because of similar reasons the researcher gave earlier. This is so because the both treatments procedure has been proven to be effective in the process of managing behaviour problems. The findings may also come because a lot of students may have responded effectively to the treatment process. The findings here as well is also in support of that reported by Reinecke *et al*. (1998) [14], Brent, et, al. (1998) as well as Kahn, *et al*. (1990) who all reported that psychodynamic therapy as well as group therapy combined all had a positive effect on behaviour adjustment of adolescents.

Recommendations

Based on the findings of the study, it is recommended that;

1. Counselling psychologists and therapists should endeavor

to (where necessary) use the eclectic psychotherapy approaches if that will make him or her achieve the needed or desired result.
2. Therapist/psychologists who are conversant with the use of psychodynamic therapy technic should as well adopt that in the treatment of adolescents' behaviour problems especially in dependent personality disorder management.
3. Therapist/psychologists who are conversant with the use of cognitive behavioural therapy technique should as well adopt that in the treatment of adolescents' behaviour problems especially in dependent personality disorder management.
4. Therapist/Psychologists who are conversant with the use of group therapy technique should as well adopt that in the treatment of adolescents' behaviour problems especially in dependent personality disorder management.
5. Psychologists and therapist should in most times psychodynamic therapy technique with cognitive behavioural therapy in tackling dependent behaviours of adolescents. This is because both have proven to be very effective in management of dependent disorder among adolescents.
6. Similarly, both counselors and therapist should psychodynamic therapy technique with group therapy in tackling dependent behaviours personality problems of adolescents. This is because both equally proven to be very effective in management of dependent disorder among adolescents.
7. There is the need as well for therapist to cognitive behavioural therapy as well as group therapy in solving issues bothering on behavior problems of adolescents. Both combinations have also been found to be very effective in management of dependent disorder among adolescents.

References

1. Abbass A, Town J, Driessen E. Intensive short-term dynamic psychotherapy: A systematic review and meta-analysis of outcome research. Harvard Review of Psychiatry. 2012; 20:97-108.
2. Chambless DM, Ollendick TH. Empirically supported psychological interventions. Controversies and evidence. Annual review of psychology. 2001; 52:685-716.
3. Duru C. Effect of some psychological therapy on students' behaviour problems in selected secondary schools in Illesha (unpublished), 2012.
4. Ferrero A, Pierò A, Fassina S, Massola T, Lanteri A, Daga GA. A 12-month comparison of brief psychodynamic psychotherapy and pharmacotherapy treatment in subjects with generalised anxiety disorders in a community setting. European Psychiatry. 2007; 22:530-539.
5. Gluszi LA. Dependent personality inventory- revised (DP1-R): Incorporating a dimensional model in the assessment of dependent personality disorder (MA-Thesis department of psychology), Cleveland State University: Ohio, 2006.
6. Grant BF, Stinson FS, Hasin DS, Dawson DA, Chou SP, Anderson K. Immigration and lifetime prevalence of DSM-IV psychiatric Disorders among Mexican Americans and non-Hispanic whites in the United States. Achieves of General Psychology. 2004; 61:1226-1233.
7. Gregory RJ, Chlebowski S, Kang D, Remen AL, Soderberg MG, Stepkovitch J. A controlled trial of psychodynamic psychotherapy for co-occurring borderline personality disorder and alcohol use disorder. Psychotherapy. 2008; 45:28-41.
8. Gude T, Hoffart A, Hedley L, Ro O. The dimensionality of dependent personality disorder. Journal of Personality Disorders. 2004; 18:604-610. (A Cassidy Faith).
9. Hyphantis T, Guthrie E, Tomenson B, Creed F. Psychodynamic interpersonal therapy and improvement in interpersonal difficulties in people with severe irritable bowel syndrome. Pain. 2009; 145:196-203.
10. Knekt P, Laaksonen MA, Raitasalo R, Haaramo P, Lindfors O. Changes in lifestyle for psychiatric patients three years after the start of short- and long-term psychodynamic psychotherapy and solution-focused therapy. European Psychiatry. 2010; 25:1-7.
11. Leichsenring F, Lerbing E. The effectiveness of Psychodynamic therapy and cognitive behavior therapy in the treatment of personality Disorders: a mental analysis. Am J psychiatry. 2003; 160:1223-1232.
12. Muran JC, Safran JD, Samstag LW, Winston A. Evaluating an alliance-focused treatment for personality disorders. Psychotherapy: Theory, Research and Training. 2005; 42(4):532-545.
13. Reich JH. Comparisons of males and females with DSM-111 dependent personality disorder. Psychiatry Research. 1990; 33:207-214.
14. Reinecke MA, Ryan NE, Dubous DI. Cognitive behavioural therapy of depression and depression symptoms during adolescence. A review and meta-analysis. Journal of the American Academy of Child and Adolescent Psychiatry. 1998; 37(1):26-34.
15. Samad Z, Brealey S, Gilbody S. The effectiveness of behavioural therapy for the treatment of depression in older adults: A meta-analysis. International Journal of Geriatric Psychiatry. 2011; 26:1211-1220. doi: 10.1002/gps.2680
16. Slonim DA, Shefler G, Gvirsman SD, Tishby O. Changes in rigidity and symptoms among adolescents in psychodynamic psychotherapy. Psychotherapy Research. 2011; 21:685-697.
17. Sørensen P, Birket-Smith M, Wattar U, Buemann I, Salkovskis P. A randomized clinical trial of cognitive behavioural therapy versus short-term psychodynamic psychotherapy versus no intervention for patients with hypochondriasis. Psychological Medicine. 2011; 41:431-441.
18. Sperry C. Handbook of Diagnosis and Treatment of DSM-IV-TR personality Disorders 2nd ed. Brunner-Rutledge, New York and Hove, 2003.
19. Thyme KE, Sundin EC, Stahlberg G, Lindstrom B, Eklof, H, Wiberg B. The outcome of short-term psychodynamic art therapy compared to short-term psychodynamic verbal therapy for depressed women. Psychoanalytic Psychotherapy. 2007; 21:250-264.
20. Tolin DF. Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. Clinical

Psychology Review. 2010; 30:710-720.
21. Trowell J, Joffe I, Campbell J, Clemente C, Almqvist F, Soininen M. Childhood depression: A place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. European Child & Adolescent Psychiatry. 2007; 16:157-167.
22. Van HL, Schoevers RA, Kool S, Hendriksen M, Peen J, Dekker J. Does early response predict outcome in psychotherapy and combined therapy for major depression? Journal of Affective Disorders. 2008; 105:261-265.